



2019 ~ 2020

**Student Clerkship Rotation Application
Montana Family Medicine Residency (MFMR) Program
Eastern Montana Area Health Center (AHEC)
RiverStone Health
Billings, Montana**

**Eastern Montana Area Health Education Center (EMT AHEC)
Application Requirements and Placement Process**

1. Allopathic and osteopathic medical students in the process of completing the third year of their school/program and are interested in rural/underserved health care are invited to apply for a rotation. Only four week rotations are scheduled during the 4th year of their school/program between the months of July and January, with the most popular requests being in August and September. Having flexibility in your available dates may help increase the chance of being selected for a rotation.
2. Applications for Medical and Osteopathic Student Clerkship rotations will be accepted from January through the middle of March, prior to the academic year of the rotation requested. Once your application is received, it will be reviewed by the faculty, and you will receive a response by April 1. Please indicate alternate dates as we may not be able to accommodate your first preference. Additional applications may be considered after the deadline, depending on space availability.
4. Once notified of acceptance, the student will be instructed to contact their school/program and make arrangements to email the student placement coordinator proof of malpractice insurance coverage for the rotation, a letter of good standing and a school contact for facilitating an Affiliation Agreement, if required.
5. The Eastern Montana AHEC and the Montana Family Medicine Residency Program are unable to sponsor any Visas.
6. There is an \$800 fee for a 4 week rotation. This fee may be paid by your school or you, the student at the conclusion of your rotation.
7. Housing is not provided. However, depending on availability, we will try to help students find safe and affordable housing during their rotation.
 - (a) any change in rotation plans
 - (b) early termination of the rotation
 - (c) any problems or concerns during the rotation
8. **Important Licensure Information**
Medical students and Physician Assistant students do not require a license to practice in Montana for this program. Physicians in residency training do require a license in Montana for this program.
9. Mail, email or fax your completed application to:
Suzie Thomas, Student Placement Coordinator
Eastern Montana Area Health Education Center
RiverStone Health
123 South 27th Street
Billings, MT 59101
Suzie.tho@riverstonehealth.org
Office: 406.247.3285
Fax: 406.651.6418

Today's Date: _____

1. Student's First Name: _____ Middle I: _____ Last Name: _____

2. Email Address: _____ Cell #: _____

3. Last 4 Numbers of Social Security Number: _____ Birth Month and Day: _____

4. Mailing Address While Attending School: _____ Year in School: 01 ____ 02 ____ 03 ____ 04 ____

Anticipated Graduation Month and Year: _____

5. Name of School: _____

Address: _____ City/State: _____

6. Advisor Name: _____ Email: _____ Phone #: _____

7. Rank the Type of Community in which you plan to practice.
#1 is Your Highest and #5 is Your Lowest Priority.
_____ Rural _____ Small Town _____ Suburban _____ Inner-City _____ City

8. What Dates Would You Like to Request for Your Education Experience?
(Keeping in Mind, the Rotation is a four-week span of time.)
_____ Any four-week block - July 1, 2019 – March 31, 2020

1st Choice: _____ 2nd Choice: _____
3rd Choice: _____ 4th Choice: _____

9. Do You Have Family/Friends in or Other Housing Options in Billings? ____ Yes ____ No
(If not, we may be able to find you safe and affordable housing in Billings.)

10. Have you previously participated in a rotation in Montana? ____ Yes ____ No
If Yes - Where? _____ Date? _____

Name of Preceptor? _____

11. Have you ever been convicted of a felony? ____ If Yes, please explain: _____

Please Answer the Following Questions about Yourself

1. Why are you interested in a Montana rotation?

2. What is your previous experience with primary care in medical school or previous jobs?

3. What is your previous experience with care of underserved populations?

4. What are your career plans?

5. What types of activities/hobbies do you enjoy in your free time? Why?

6. What are your preferences, priorities and goals for this educational experience?

**EASTERN MONTANA AREA HEALTH EDUCATION CENTER
STUDENT'S AGREEMENT TO TERMS**

1. **I understand for my application packet to be complete, it must include:**
 - a. completed AHEC application
 - b. your updated CV/Resume
 - c. USMLE and/or COMPLE scores I have taken thus far
2. **If my application is accepted and a rotation date is confirmed, it is my responsibility to email or have my school email the student placement coordinator:**
 - a. proof of malpractice insurance It will be necessary for you to be covered by malpractice insurance during this experience. The EMT AHEC office does **NOT** provide malpractice insurance coverage.
 - b. letter of good standing from your school
 - c. If your school requires an Affiliation Agreement, have them contact the student placement coordinator to start the process
 - d. updated immunizations
 - e. current flu shot if rotation is scheduled during flu season, October – March
 - f. proof of a standard 6 panel drug scan, with negative results, completed within the last year of your rotation start date.
 - g. your exit/final evaluation document, preferably electronically, if required by your school
3. **If my application is accepted and a rotation date is confirmed, I agree to pay the \$800 rotation cost if my school does not.**
4. **If I participate in this program, I accept the responsibility of immediately notifying the student placement coordinator in the event any of the following occurs:**
 - a. any change in rotation plans
 - b. early termination of the rotation
 - c. any problems or concerns during the rotation

5. The EMT AHEC office would like to follow your progress through your professional education to see if this program has had an impact on your choice of specialty or practice site. You will very likely change your address several times in the next few years, so **please give the name, address and phone number of an individual who will know your location for the next 10 years. (Preferably someone currently not living with you.)**

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

6. **Emergency Contact Information:**

Name: _____ Relationship: _____ Phone Number: _____

7. **Demographic Information – This information is only used for our annual funding report.**

Gender: _____ Age (in years:) _____ <20 _____ 20-29 _____ 30-39 _____ 40-49 _____ >50

Ethnicity: _____ Non-Hispanic _____ Hispanic _____ Native Indian

Race: _____ American Indian/Alaska Native _____ Asian _____ Black-African American

_____ White/Caucasian _____ Native Hawaiian or Other Pacific Islander

_____ More Than One Race

1st Generation College Student? _____ Yes _____ No

(You are the first in your immediate family to attend college.)

Birth City/State: _____ State of Legal Residence: _____

Name of high school you attended: _____

City: _____ State: _____

Approximate Enrollment: _____ <100 _____ 100-600 _____ 601-1200 _____ >1200

Student Name

Student Signature

Date

Thank you for your application!

You will be notified by April 1, the status of your application, via the email address you provided.

Please mail, email or fax your completed application to:

Suzie Thomas, Student Placement Coordinator

RiverStone Health

Eastern Montana Area Health Education Center

123 South 27th Street

Billings, MT 59101

Suzie.tho@riverstonehealth.org

Fax: 406.651.6418